

Foster Family Home - Corrective Action Report

Provider ID: 1-626054

Home Name: Susan Jung, CNA

Review ID: 1-626054-6

98-1558 Hoomahilu Street

Reviewer: Julie Hastings

Pearl City HI 96782

Begin Date: 5/1/2020

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)- Home inspection completed for a 3 person CCFFH recertification.
-Home is in compliance with all requirements. Home will receive a 3 bed certification.

Julie A Hastings BSN, RN
Compliance Manager

5/1/2020
Date

Primary Care Giver

5/1/2020
Date